

Los Angeles County Emergency Medical Services Agency

Office of Program Approvals 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670 (562) 347-1500

EMS CONTINUING EDUCATION PROVIDER APPLICATION

PLEASE PRINT OR TYPE

1.	CONTINUING EDUCATION PROVIDER PROGRAM NAME
2.	HEADQUARTERS ADDRESS, CITY, STATE, ZIP CODE
3.	MAILING ADDRESS, CITY, STATE, ZIP CODE (IF DIFFERENT THAN ABOVE)
4.	PROGRAM DIRECTOR
5.	TELEPHONE NUMBER
6.	E-MAIL ADDRESS
7.	OTHER TELEPHONE NUMBER
8.	FAX NUMBER
9.	CLINICAL DIRECTOR
10.	TELEPHONE NUMBER
11.	E-MAIL ADDRESS
12.	CE PROVIDERS SHALL PROVIDE A MINIMUM OF TWELVE (12) HOURS OF CE ANNUALLY Los Angeles County EMS Agency Approved EMT-I Training Programs are exempt from this requirement.
13.	SUBMIT: See Program Checklist for documents that must be submitted.
Note:	All communication regarding CE Program will be addressed with the Program Director.
As program director for the applicant CE provider, I certify that I will adhere to the State of California EMS CE Regulations and all applicable Los Angeles County Prehospital Care policies. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.	
	DATE Signature of Program Director

Revised: 6/09 B-1